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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/711,942
Filing Date	October 14, 2004
First Named Inventor	Jeffrey A. Clark
Art Unit	3652
Examiner Name	Dean J. Kramer
Attorney Docket Number	33888-03

10: Commissioner or Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Please withdraw me as attorney or agent for the above identified patent application, and	
✓ all the practitioners of record;	
the practitioners (with registration numbers) of record listed on the attached paper(s); or	
the practitioners of record associated with Customer Number:69082	
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.	
The reason(s) for this request are those described in 37 CFR:	
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)	
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii)	
10.40(e)(1)(v) 10.40(e)(1)(vi) 10.40(e)(2) 10.40(e)(3)	
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:	
Certifications	
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2. We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.	
3. We have notified the client of any responses that may be due and the time frame within which the client must respond.	
Please provide an explanation, if necessary:	
[Page 1 of 2]	

This collection of information is required by 3° CFR 1.36. The information is required to obtain or retain a benefit by the public which is to fit quart by the USPTO to process) an application. Confidentiality is govered by \$5 U.S. C. 122 and 3° CFR 1.11 and 1.14. This collection is estimated to tale of 2 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the annuant of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Oriecr. U.S. Patent and Trademark Office, U.S. Patent Annual Office, U.S. Patent Annual Office,

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: The address of the inventor or assignee associated with Customer Number. _ OR Inventor or Aidco International, Inc. В Assignee name Address One Koyach Drive City Cincinnati State Ohio Zip 45215 Country US Telephone 513-948-5967 Email SFK@palligistics.com I am authorized to sign on behalf of myself and all withdrawing practitioners. Signature /Eric M. Robbins/ Name Registration No. 52.170 Eric M. Robbins Address 600 Vine St., Suite 2800 Country US City Cincinnati State Ohio Zip 45202 Date Telephone No. 513-698-5148 October 28, 2010 NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiative) is operand by \$5. U.S. C. 122 and 37 CFR. 1.11 and 1.4. This collection is estimated to take including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andors suggestions for reducing this budget, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient of Commissions of the Complete State of the Chief Information of the

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